

TOWN OF GREENFIELD



BENEFITS SUMMARY

EFFECTIVE DATE FOR FORM USE: 6/1/15

BENEFIT CATEGORY	ELIGIBILITY	BENEFIT DETAIL
HEALTH INSURANCE Health New England HMO 250 Essential Plan PLAN YEAR 3/1/16-2/28/17	<p>1st of the month following the date of hire for eligible employees working a minimum of 20 hours per week.</p> <p>Enrollment forms must be completed and submitted to Human Resources within 30 days from date of hire.</p> <p><u>Qualifying Events</u>-You must notify Human Resources within 30 days of a qualifying event, otherwise no change can be made outside of open enrollment.</p>	<p>\$10 - \$35 prescription; 30 day supply at retail or mail order for 90 day supply with one co-pay.</p> <p>\$150 emergency room co-pay (waived if admitted).</p> <p>*Fitness benefit reimbursements up to \$150 annually; vision care and other discounts.</p> <ul style="list-style-type: none"> TOWN pays 80% of the premium. <p>\$250 per individual/\$500 per family Deductible per plan year. Some services are not subject to the Deductible. See HMO Plan overview in enrollment book.</p> <p>Premiums deducted one month in advance on the first four pay dates for the town and the first two pay dates for school of every month.</p> <p>*see HNE enrollment book for more information or call Member Services. 800-310-2835</p>
HEALTH INSURANCE Health New England PPO Essential Plan PLAN YEAR 3/1/16-2/28/17	<p>Same as Above.</p>	<p>Same as Above except:</p> <p>Option to see out-of-plan providers locally and nationally.</p> <p>No Mail order prescriptions from out of plan providers.</p> <ul style="list-style-type: none"> TOWN pays 60% of the premium. <p>\$250 per individual/\$1000 per family Deductible per plan year.</p> <p>Premiums deducted one month in advance on the first four pay dates for the town and the first two pay dates for school of every month.</p> <p>*see HNE enrollment book for more information or call Member Services. 800-310-2835</p>
DENTAL INSURANCE Guardian Dental 7/1/15-6/30/16	<p>Same as Health Insurance. Any eligible employee who enrolls in the dental plan during the year, outside of their initial eligibility date and open enrollment period, without a qualifying event, will be subject to waiting periods: 6 months for basic services and 12 months for major services with preventative services covered.</p> <p><u>Qualifying Events</u>-You must notify Human Resources within 30 days of a qualifying event, otherwise no change can be made outside of open enrollment.</p>	<p>Cover preventive care at 100%. Basic care at 80% and Major care covered at 50%. Orthodontic not covered.</p> <p>Two cleanings per calendar year.</p> <p>Dependents eligible for coverage up until age 26.</p> <ul style="list-style-type: none"> TOWN pays 0% of the premium. <p>\$50 individual/\$150 family Deductible per calendar Year. Waived for preventive.</p> <p>\$1000 Annual Benefit per calendar year - Base Plan</p> <p>\$2000 Annual Benefit per calendar year - Buy Up Plan</p> <p>Premiums deducted one month in advance on every pay date.</p> <p>Customer service. contact info. is located on the back of your card.</p>
BOSTON MUTUAL LIFE INSURANCE \$10,000 BASIC LIFE INSURANCE AT NO COST TO EMPLOYEE	<p>Enrollment and Beneficiary forms must be completed and submitted to Human Resources within 30 days from your date of hire.</p> <p>1ST of the month after 30 days of employment for eligible employees working a minimum of 20 hours per week.</p>	<p>100% PAID BY THE TOWN OF GREENFIELD for \$10,000 Basic Life Insurance Policy.</p> <p>Premiums paid by the Town of Greenfield will show on the 3rd pay check for town employees and the 2nd pay check for school employees of each month beginning in June.</p> <p>*Packet will be sent to your home from Boston Mutual and will include contact information.</p>



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BENEFIT CATEGORY

ELIGIBILITY

BENEFIT DETAIL

BOSTON MUTUAL LIFE INSURANCE

Supplemental Voluntary Life Insurance

1ST of the month after 30 days of employment for eligible employees working a minimum of 20 hours per week.

If employee wants to enroll at a later date they will be required to go through an evidence of insurability process.

Enrollment forms must be completed and submitted to Human Resources within 30 days from date of hire.

Supplemental Life Insurance available in increments of \$10,000 up to five times base salary to a maximum of \$400,000. Rates are age banded.

Evidence of Insurability will be required for amounts above the guaranteed issue.

Premiums deducted one month in advance on the 3rd pay date for town employees and the 2nd pay date for school employees in each month beginning in June.

*Packet will be sent to your home from Boston Mutual and will include contact information.

STIRLING FLEXIBLE SPENDING ACCOUNT

VOLUNTARY

PRE-TAX supplemental benefit

7/1/15-6/30/16

1ST of the month after 30 days of employment for eligible employees working a minimum of 20 hours per week.

Enrollment forms must be completed and submitted to Human Resources within 30 days from your date of hire.

Allows employee to set aside a portion of their earnings that is not subject to taxes to pay for qualified expenses.

Monthly admin. Fee \$6.50 is paid by the Town.

Medical Expenses- Pays for up to \$2550 per fiscal year of medical expenses that is not covered by insurance. \$250 min. Pre-funded. Entire amount elected for the annual contribution is available right away. Is also COBRA eligible.

Dependent Care- Pays for up to \$5,000 per year of dependent care expenses. Not pre-funded. Cannot receive reimbursement for the full amount of the annual contribution on day one, only the current balance of what has been contributed to date. Not COBRA eligible.

* Funds not used by the end of the fiscal plan year are lost. There is a 2 ½ month grace period following the fiscal year in which you have to use it. See FSA packet for deadlines and dates

Deductions will be taken every pay date beginning in July.

Customer service 1-800-447-6689

A supplemental retirement savings program that allows you to make contributions on a pre-tax basis.

ICMA

DEFERRED COMPENSATION PLAN

VOLUNTARY

1ST of the month after 30 days of employment for eligible employees working a minimum of 20 hours per week.

Enrollment can be done at anytime after the employee has met the above eligibility requirement.

Premiums deducted every pay date.

For a meeting with ICMA or to enroll, contact: Mike Savage at 1-888-803-2721 X4929

A supplemental retirement savings program that allows you to make contributions on a pre-tax basis.

NATIONWIDE

DEFERRED COMPENSATION PLAN

VOLUNTARY

1ST of the month after 30 days of employment for eligible employees working a minimum of 20 hours per week.

Enrollment can be done at anytime after the employee has met the above eligibility requirement.

Premiums deducted every pay date.

For a meeting with Nationwide or to enroll, contact: Desiree Joy at 1-413-668-8952

MISC. TOWN DISCOUNTS

See list of discounts on attached sheet.

This is a brief summary of the Town of Greenfield's benefits. If any information contained above conflicts with the plan, the Plan Documents govern. Town of Greenfield reserves the right to change its voluntary benefit plans at any time.